Santa Rosa County Building Inspection Department

Plumbing (Residential or Commercial) Permit Application

THIS SECTION IS FOR OFFICE USE ONLY

permits@co.santa-rosa.fl.us **Project Number** _____

Building Permit No. _____ **Date** _____

Approved By _____ **Accepted By** _____

Property Information:

1. Property Owner's Name _____
2. Complete Address of Property _____
3. Property Parcel Number: Sec ____ Twnshp ____ Rng ____ Subdiv _____ Blk/Parcel _____ Lot ____
4. Subdivision Name _____
5. Driving Directions _____

_____

Project Information: Description of Work to be Done:

7. Residential _____ Commercial _____ Commercial Building Square Footage (Conditioned Space Only) _____
8. Is This Project for: New Construction ___ Existing Building ___ (Change-Out ___; Repair/Alteration ___)
   Single Family Dwelling ___ Commercial Use___ Mobile Home___
   Condos/Apartments/Multi-Family Use ___ Accessory Building ___ Pipe/Duct Only___
   Hotel/Motel ___ Lawn Sprinkler ___ Other ___
9. **Number of Fixtures** _____ **NOTE: Please use the table on the reverse side of this page to calculate the number of fixtures**

DISCLOSURE STATEMENT

1998 Florida Statutes, 489.103 (7)

State law requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor with certain restrictions even though you do not have a license. You must provide direct, onsite supervision of the construction yourself. You may build or improve a one-family or two-family residence or a farm outbuilding. You may also build or improve a commercial building, provided your costs do not exceed $25,000. The building or residence must be for your own use or occupancy. It may not be built or substantially improved for sale or lease. If you sell or lease a building you have built or substantially improved yourself within 1 year after the construction is complete, the law will presume that you built or substantially improved it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person to act as your contractor or to supervise people working on your building. It is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal licensing ordinances. You may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on your building who is not licensed must work under your direct supervision and must be employed by you, which means that you must deduct F.I.C.A. and withholding tax and provide workers' compensation for that employee, all as prescribed by law. _____(**Owners' Signature**) Your construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.

1998 Florida Statutes, 713.135 (7)

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

I understand all REQUIRED INSPECTIONS will be requested of the work permitted herein. Compliance will be strictly enforced. No work whatsoever will commence until the Building Permit has been issued. This permit is VOID after six (6) months from issuance unless the work which it covers has been commenced.

Mailing Address _____ Phone Number ( ) _____

Contractor State Registration Number _____ Fax Number ( ) _____

If You are a Contractor, Provide Your Company Name _____

SIGNATURE: _____

Please Use the Table Below to Determine the Number of Fixtures

_____ Water Closet (Toilet)

_____ Bath Tub

_____ Lavatory (Wash Basin)

_____ Shower

_____ Kitchen Sink & Disposal

_____ Dishwasher

_____ Laundry Tray

_____ Clothes Washer

_____ Water Heater

_____ Urinal

_____ Floor Sink or Drain

_____ Slop Sink

_____ Water Piping & Treatment Equipment

_____ Waste Interceptor

_____ Vacuum Breaker

_____ Lawn Sprinkler System

_____ Sewer/Septic Connection

_____ Water Connection

_____ Drinking Fountain

_____ Other: _____

_____ **TOTAL**